United Nations CRC/C/SR.2139

Convention on the Rights of the Child

Distr.: General
21 September 2016

Original: English

Committee on the Rights of the Child
Seventy-third session

Summary record of the 2139th meeting
Held at the Palais Wilson, Geneva, on Friday, 16 September 2016, at 10 a.m.

Chair: Mr. Mezmur
later: Ms. Winter (Vice-Chair)

Contents

Consideration of reports of States parties (*continued*)

Fifth periodic report of New Zealand (continued)

Initial report of New Zealand on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent *within one week of the date of the present document* to the English Translation Section, room E.6040, Palais des Nations, Geneva (trad_sec_eng@unog.ch).

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.16-16133 (E) 200916 210916

1616133

Please recycle

The meeting was called to order at 10 a.m.

Consideration of reports of States parties (*continued*)

Fifth periodic report of New Zealand (continued) (CRC/C/NZL/5; CRC/C/NZL/Q/5 and Add.1)

1. *At the invitation of the Chair, the delegation of New Zealand took places at the Committee table.*

2. **Ms. Tolley** (New Zealand), correcting her reply to a question from the previous meeting, said that the Children's Commissioner was appointed by the Crown (Governor General) and not by the Government.

3. **Ms. Roberts** (New Zealand) said that the Vulnerable Children Approved Information Sharing Agreements (AISA) protected a child's right to privacy through a number of measures ensuring that any information sharing was proportionate and relevant.

4. **Mr. Gannon** (New Zealand) said that any individual subject to harm under the Harmful Digital Communications Act could register a complaint regardless of the age of the individual. If the consent of a child had been received, the parent or guardian of the child or the head teacher of the child's registered school could register a complaint on his or her behalf.

5. **Ms. Grennell** (New Zealand) said that Maori parents were able to access universal service provisions that sought to offer culturally appropriate assistance. The Government funded Maori-specific resources and services, and a high emphasis was placed on traditional parenting practices and the development of targeted programmes for high-need families, such as Family Start. The cooperation of tribal leaders, NGOs and local communities with the Government was to be commended.

6. **Ms. Tolley** (New Zealand) said that the number of active social workers in New Zealand was low by international standards. The problem lay in the absence of a compulsory registration system of social workers. The Ministry of Social Development had asked the board responsible for overseeing social worker registration to produce a proposal for a compulsory registration system. The proposal was currently being considered by a social services select committee, which would produce a report on the proposal by the end of the year. Legislation on the proposal was expected to be ready to submit to Parliament in 2017. A compulsory registration system would ensure that social workers were well trained and competent and it would resolve the current flaws in the system such as the lack of a disciplinary process. The Ministry was also seeking to incorporate changes in social work pedagogy into the curriculum of existing university degrees in social work.

7. In order to ensure that children were being involved in the reform of the social services system that was under way, a Youth Advisory Panel had been established, comprising children who had been or were still in state care. The panel had met periodically with the Ministry, which had allowed young people to express their expectations of the social support system. Future legislation needed to provide for the involvement of children in the design and operation of the reformed social service system. Social Sector Chief Executives would be obliged under new legislation to consult an independent youth advisory group before making relevant decisions.

8. **Ms. Grennell** (New Zealand) said that the root cause of Maori disadvantage lay in historic factors that had exerted a negative impact on Maori social structures, such as loss of land, language and opportunity. Such factors had adversely affected the resource bases and social infrastructure available to Maori people, in addition to parenting practices. Moreover, a lack of cultural responsiveness in the social service system aggravated the

disadvantage of Maori families. The Government was seeking to address the issue and to improve the education, training and employment of Maori and Pasifika persons.

9. **Ms. Roberts** (New Zealand) said that a programme had been put into place to ensure that the Child Youth and Family (CYF) service would not deteriorate during the current period of transition. The CYF work programme focused on key areas such as ensuring the safety of children in care, actively managing the case loads of social workers and strengthening the assessments of vulnerable children. Nearly 350 million New Zealand dollars would be invested in the programme over the following four years.

10. **Ms. Tolley** (New Zealand) said that the Chief Executive of the Ministry of Socia. Development and the newly appointed Chief Executive of the future Ministry of Vulnerable Children were working together to ensure a smooth transition and to retain the quality of services.

11. **Ms. Roberts** (New Zealand) said that the decision of CYF to take children into care was not taken lightly. The oversight of family courts ensured that such processes were carried out appropriately. The process involved three stages: the intake of the child, the safety assessment and investigation, and a family group conference. In cases of serious child abuse and neglect, CYF worked with the police.

12. In order to improve the cultural reach of CYF, the department was implementing a strategic plan that focused on improving responsiveness to Maori families. CYF had also developed initiatives to ensure the success of the strategic plan, such as the establishment of a framework based on indigenous principles and evaluations of the co-facilitation of family group conferences with iwi persons. CYF was designing the Ministry of Vulnerable Children with an emphasis on high aspirations for Maori families and it was currently making an effort to incorporate Maori principles into the Children, Young Persons, and Their Families Act.

13. **Ms. Sandberg** (Country Task Force) said that she wished to know whether the law provided for the specific circumstances under which a child could be taken into state c... whether such decisions were made on a discretionary basis.

14. **Ms. Roberts** (New Zealand) said that the law did not contain criteria for taking a child into state care. The law stated only that the child must be at serious risk of harm. The decision to place a child in state care was made on a case by case basis through a set of assessments by social workers and other interested parties.

15. The Office of the Children's Commissioner (OCC) acted as an independent monitor of CYF. Its statutory role was to monitor CYF practices, encourage the development of policies and advise CYF on its strategies. OCC also functioned as the designated national preventive mechanism and was mandated to monitor all State residences for children in care. In the event of allegations being made against a CYF caregiver, an investigation would be conducted immediately and a safety assessment made of the child in question. In cases of serious abuse and neglect, the allegation would be referred to the police for investigation.

16. **Ms. Tolley** (New Zealand) said that one important aspect of the overhaul of the social services system was to encourage community-based care for children. Youth Justice Residences were often used for remand purposes and the high number of young persons awaiting trial often disrupted the rehabilitation of young persons serving sentences in Youth Justice Residences. Community-based care for children in remand was being considered as an effective alternative to current practices.

17. Legislation regarding youth advocacy service funding was under consideration by Parliament. The legislation proposed that independent youth advocacy services should be

funded by the Government but that such funding should not preclude them from receiving philanthropic and private-sector financial assistance.

18. In reply to Ms. Winter's question on education for children in remand, she noted that New Zealand used the international models available but that they were not as effective as community-based activities, whereby children were able to engage with a wider group of people. Replying to Ms. Ayoubi Idrissi, she said children could be held in remand in a Youth Justice Residence for up to six months.

19. **Ms. Sandberg** said that she sought clarification on the status of the 2014 amendments to the Children-Youth Persons and Their Families Act. She asked whether the amendments had abolished existing support for permanent caregivers and whether it was true that many caregivers no longer had the legal power to make important decisions for the children under their guardianship as a result of the amendments. She wondered whether the State party would consider further amendments to the benefits system for children in long-term care. She also asked how far the State party had progressed in its plans to accede to the 1996 Hague Convention, and whether an early education system was in place to support children from difficult family backgrounds in an effort to prevent such children from encountering future problems.

20. **Ms. Roberts** (New Zealand) said that there was no informal process available for children to be taken into state care. However, parents sometimes made informal arrangements for children to be cared for by another family member. Such arrangements could be brought to the attention of CYF and social workers would be able to assist the family in that event.

21. Complaints mechanisms were in place in care residences for children. Children were provided with information on how to register complaints. Efforts would be made to resolve the complaint within six weeks of its registration. A grievance process was also available for children in care residences who felt that they had been poorly treated. The overhaul of the social service system would strengthen such processes.

22. **Ms. Ayoubi Idrissi** said that she would like to know how many complaints had been registered in the care residences for children, whether telephone helplines were available to children, and whether such helplines guaranteed confidentiality.

23. **Ms. Roberts** (New Zealand) said that, over the financial year of 2015/16, the panel of Chief Executives had made decisions on 26 complaints referred to them, and CYF had registered over 900 complaints. Feedback from complainants on the process had generally been very positive.

24. **Mr. Tuohy** (New Zealand) said that funding for disability services had reached 1.165 billion New Zealand dollars in 2016, 11.3 per cent more than in 2013. The public's expectations continued to rise, however, so some priorities had to be established. There were enough specialists to treat children with disabilities, and the Child Development Centres located in each of the country's major cities and towns provided a wide range of services, including paediatric care. More child psychologists were needed, however.

25. There were no waiting lists for children who needed cochlear implants or hearing aids, and subsidies were available to help families buy eyeglasses for their children. In recent years, an increasing number of services, behavioural support in particular, had been made available for children with autism spectrum disorders and their families.

26. He would gladly provide more information about the case of the child with a disability on whose behalf a complaint of discrimination had evidently been submitted to the Human Rights Commission in 2008, but he had been unable to identify the case. Could the Committee provide additional particulars?

27. He said that the Government had recently extended free primary health care to all children under 13 years of age, but no plans had been made to include to all children under 18. Some 97 per cent of the children aged 6 to 12 had access to free, after-hours medical care within 60 minutes' travel time. Health care for older children from disadvantaged groups was made affordable through the Very Low Cost Access Scheme. District Health Boards were required to report annually to the Ministry of Health on their efforts to address disparities in health indicators. Special efforts were being made to treat children with sore throats in areas with large Maori and Pacific populations, where the incidence of rheumatic fever was especially high.

28. The measures taken to reduce rising rates of childhood obesity included the recent launch of the Childhood Obesity Plan, which emphasized diet, behavioural change and physical activity. The Plan was associated with a health target, termed "Raising Healthy Kids", that would ensure that 95 per cent of the 4-year-olds identified as obese during school checks were referred to appropriate health professionals. The Ministry of Health, the food and beverage industry and the Advertising Standards Authority were cooperating to improve the Code for Advertising to Children.

29. **Mr. Cardona Llorens** asked whether children with disabilities could still be legally sterilized with the consent of their parents, whether the Children, Young Persons and Their Families Act of 1989 had been amended to provide institutionalized children with additional guarantees and whether the Government had given any consideration to the recommendation by the Committee on the Rights of Persons with Disabilities that New Zealand should establish an enforceable right to inclusive education (CRPD/C/NZL/CO/1, para. 50). He also asked whether further work had been done to increase the provision of reasonable accommodation in primary and secondary education and whether any measures had been taken to combat the bullying of children with disabilities.

30. **Ms. Aho Assouma** wondered whether the State party had any programmes for the prevention and early detection of disabilities. She wished to know whether the families of children with motor disabilities had access to subsidies for the acquisition of orthopaedic devices and what special measures were taken for the treatment and education of Maori children with disabilities.

31. **Mr. Tuohy** (New Zealand) said that children could still be sterilized with the consent of their parents if, because of their disability, the children themselves were unable to consent. Sterilization was always a last resort.

32. Comprehensive efforts were made to detect any developmental delays or other disorders as early as possible. Early developmental assessment was also a major component of the Well Child/Tamariki Ora Programme, as part of which children found to have physical or other disabilities were referred to the appropriate specialists, whose services were provided to families at no charge. Financial assistance was provided to the families of children with disabilities; they could, for example, obtain funds to acquire assistive devices or even to adapt their homes to the needs of children with motor disabilities. All children in New Zealand, including Maori children, were entitled to those services.

33. **Ms. Grennell** (New Zealand) said that efforts were being made to improve access to health services for families in isolated rural areas. Health promotion events were often held at traditional Maori gathering places or in conjunction with sporting events or cultural events that drew families from the surrounding countryside. The authorities nonetheless needed to continue refining their approach to the most disadvantaged families, for whom engaging with the providers of public health or social services could be a challenge.

34. **Mr. Tuohy** (New Zealand) said that funding for breastfeeding initiatives, including a national action plan, had ended three to four years earlier. Some of those initiatives, however, had been included in the Childhood Obesity Plan. An NGO report on the

advisability of establishing a national breastfeeding network was expected shortly. The Government was of the view that its voluntary approach to the regulation of the marketing of breast-milk substitutes was preferable to full implementation of the International Code of Marketing of Breast-milk Substitutes. An external compliance panel issued reports identifying violations of the Code. It received approximately 10 to 12 complaints a year. The Ministry of Health would give proper consideration to the guidance on ending the inappropriate promotion of foods for infants and young children, adopted by the World Health Organization in May 2016.

35. A cross-agency approach had been taken to ensuring access to contraception and family-planning services as a means of lowering the country's comparatively high rates of teen pregnancy. The actions the District Health Boards and other authorities would take to reduce those rates included increasing access to contraception, providing school-based sexual and reproductive health services, subsidizing sexual and reproductive health care for persons under the age of 22 and increasing the scope of nursing. The Ministry of Health supported 11 Youth One-Stop Shops and 33 family-planning clinics. It also funded NGOs active in efforts to reduce rates of teenage pregnancy.

36. **Ms. Muhamad Shariff** said that she would appreciate a clarification of how complaints of violations of the International Code of Marketing of Breast-milk Substitutes were handled. In addition, she wondered whether it was true that drinking water had been contaminated as a result of intensive agriculture and, if so, how the contamination was being dealt with and what guidance the population was being given. She also wished to know whether the family of a child under the age of 6 who needed after-hours health care would have to pay for that care.

37. **Mr. Rodríguez Reyes** asked whether the State party was currently running a campaign to promote breastfeeding and counter the aggressive marketing of breast-milk substitutes.

38. **Ms. Aho Assouma** said that she would welcome information on the extent of mother-to-child transmission of HIV/AIDS in the State party. She also wished to know what the HIV/AIDS prevalence rate was, whether access to antiretroviral therapy was fully accessible and whether all pregnant women sought antenatal screenings.

39. **Mr. Tuohy** (New Zealand) said that although New Zealand no longer had an overarching strategy to promote breastfeeding, it was promoted by nurses, midwives and lactation consultants. Although the Compliance Panel had no enforcement authority, breast-milk substitutes were not marketed aggressively in New Zealand. The Government supported longer paternal leave in part to encourage longer breastfeeding, the high rates of which fell considerably after children reached 6 months of age.

40. **Ms. Tolley** (New Zealand) said that the pollution of the confined aquifer in Havelock North was being investigated. It was not yet clear how *Campylobacter*, the cause of the waterborne illness that had affected many local residents, had entered the aquifer. An initial recommendation to boil all drinking water had been had been lifted, as the water, which had not previously been treated, had been chlorinated.

41. **Mr. Tuohy** (New Zealand) said that the country's recently published Fetal Alcohol Spectrum Disorder Action Plan had been developed to combat high rates of drinking during pregnancy. The Ministry of Justice was leading the Government's response to the recommendations made by a ministerial forum on alcohol advertising and sponsorship, while the Health Promotion Agency led initiatives to raise awareness of the risks of alcohol consumption.

42. The measures taken to achieve the country's goal of being smoke-free by 2025 included increased taxation of cigarettes, a ban on the display of tobacco products and

legislative progress towards the institution of plain packaging requirements. Exposure to second-hand smoke had been considerably reduced in recent decades.

43. There were 224 people with HIV/AIDS in New Zealand, one of whom was a child who had been infected before birth. There had been no newborns with HIV/AIDS since 2007. Antiretroviral therapy was widely available, and pregnant women were routinely screened, with their consent, for HIV/AIDS. The risks of an increase in mosquito-borne and other illnesses were being assessed.

44. A swift return to school for children affected by the Christchurch earthquakes of 2011 had been an initial priority. Later priorities involved the establishment of school-based mental-health teams and other cross-agency efforts to help students and their families build resilience.

45. **Mr. Wales** (New Zealand) said that the Ministry of Education had received a number of submissions from children and other young people expressing their views on the review of the Education Act 1989. It had also held a workshop to elicit their views and encouraged them to take advantage of the recently opened period for the submission of comments on the planned update to the Act.

46. Efforts to address the relatively poor performance of some ethnic groups included two national strategies aimed at the Maori, Pacific and other communities. The results included increased participation in early childhood education and improved secondary qualification attainment rates. There was also an education pathway for the Maori community that achieved good results. To close the remaining gap, emphasis had been placed on improving achievement rates in science, technology, engineering and mathematics, improving transitions between schools and improving the Maori pathway. There was ongoing support for culturally responsive teaching practices.

47. Private early education centres were monitored through licensing, financial auditing and by the Education Review Office. Underperforming centres were helped to improve; specifically, the Strengthening Early Learning Opportunities initiative assisted underperforming centres in the Maori community and provided training on identity, language, culture, leadership and relationship-building. The education services worked with the health authorities and social services to improve outcomes and reduce harm through interventions at early education centres.

48. **Mr. Tuohy** (New Zealand) said that through the Gateway programme, children in care were assessed by specialists, who made recommendations as to their development. It was normally recommended that children under 5 be enrolled in early education centres.

The meeting was suspended at 11.30 a.m. and resumed at 11.45 a.m.

49. **Mr. Wales** (New Zealand) said that immigrant children who were in the country illegally could attend school on the same footing as local children. Efforts were continuing with regard to the Success for All programme; the target of introducing inclusive practices into all schools before 2013 had been missed by just 2 per cent, and the establishment of a dispute resolution process, the only action that remained outstanding, was under way. Services for students who required additional support were being improved; resources for inclusive practices in schools were being made available and a framework for reporting on students' progress was being developed. More than 1,800 students aged between 13 and 15 who truanted or displayed behavioural problems were currently receiving alternative education.

50. The disability strategy was under review following extensive consultation with persons with disabilities. The revised strategy would include provisions for inclusive mainstream education, specific, high-quality, accessible services for children and young people with disabilities and inclusive education training for all educators. The Government

was in the early stages of examining how the Sustainable Development Goals could be applied domestically. The Education Act enshrined the right of all children to receive mainstream education, regardless of disability, and the Education Review Office had found that more than three quarters of schools were inclusive, a figure that was increasing.

51. **Ms. Aldoseri** (Coordinator, Country Task Force) said that she would welcome more information on the freedom afforded to alternative education establishments to set curricula and recruit teachers; there were reports that some were not well trained. She asked what help was provided to students with special needs who did not qualify for the Ongoing Resourcing Scheme.

52. **Mr. Coster** (New Zealand) said that prison officers received training on the Human Rights Act, which prohibited discrimination, and there was a zero-tolerance approach to discrimination against children who lived in prisons with their mothers. Every effort was made to ensure that pregnant women, mothers and babies in prisons received the same medical and educational services as those outside. Children could live in prisons until the age of 2, during which time they experienced life outside prison and spent time with their families. Decisions on whether a child should be placed in a mother and baby unit were based on his or her best interests and on the advice of a multidisciplinary team.

53. Minors could be detained under the Immigration Act only in extremely rare circumstances. If the parent of a minor was detained under the Act, the child was placed with a relative or caregiver appointed by the parent, or detained under the Children, Young Persons and Their Families Act. Minors liable for deportation could express their views on any proposed restrictions to their freedom of movement, and due weight was given to those views according to the child's age and level of maturity. Keeping families together was a priority, and when parents were deported, children generally left the country with them or settled with family in New Zealand, if possible.

54. **Ms. Tolley** (New Zealand) said that the social housing register was the most reliable indicator of homelessness. On 9 September 2016, 1,385 households had been registered as living in insecure housing, and while the number of children living in those households was not recorded, their presence allowed a household to access emergency housing more quickly.

55. A range of techniques was used to measure poverty, including measurements of income after housing costs; that data guided the social housing policy. The social housing stock had been increased, and significant resources were spent on financial assistance. The rent cap of 25 per cent of income that applied to State-provided housing had been extended to housing belonging to community housing providers, whose housing stock was also being increased. The Government had recently allocated more than 40 million New Zealand dollars to emergency housing. There was a dedicated service for homeless young people that provided housing and training. The lack of land on which to build social housing posed a challenge, as did the failure of many existing units to meet needs relating to size and location; those problems were being addressed by local authorities.

56. **Mr. Coster** (New Zealand) said that the Immigration Amendment Act allowed asylum seekers arriving in groups of more than 30 to be addressed differently to individual asylum seekers; that practice did not contravene domestic human rights legislation. Asylum seekers who had been part of a mass arrival and subsequently recognized as refugees could apply for a temporary three-year visa, after which time they, their partners and dependent children could apply for residence if they continued to require asylum. Their wider families were not eligible for residence. Those limits were intended to deter mass arrivals, in particular dangerous attempts to arrive by boat, while encouraging legitimate immigration and family reunification channels.

57. The Office of the United Nations High Commissioner for Refugees quota programme provided for the reunification of an unaccompanied child with his or her family if it was in his or her best interests. Unaccompanied children at the Mangere Refugee Resettlement Centre were under the custody of the manager or other appropriate person. Internationally accepted guidelines governed the treatment of refugees arriving through the quota programme, taking their need for physical and legal protection and family reunification into account, and cases were assessed prior to, and upon, an immigrant's arrival.

58. Refugees were initially accommodated at the resettlement centre and participated in a six-week reception programme that aided their integration into the country. Once a child had completed the programme, the Department of Children, Young Persons and Their Families ensured their safety and provided the necessary support. Refugees could access public services on the same footing as citizens. Owing to the country's geographical position, it was extremely rare for asylum seekers from conflict areas to arrive in New Zealand outside the quota programme.

59. Although there were no confirmed cases of children being recruited via the Internet to participate in armed conflict or terrorism abroad, work was undertaken with community groups to identify and address those at risk of radicalization.

60. **Mr. Madi** (Country Task Force) asked whether a guardian was appointed for every unaccompanied minor and whether residents of the resettlement centre could move around freely. How long were they held there?

61. **Ms. Sandberg** asked whether all asylum seekers arriving in New Zealand were part of the quota process, whether unaccompanied minors were separated from adults in the resettlement centre and benefited from special provisions, how they were cared for and whether unaccompanied minors who were not part of the quota system were held in the resettlement centre for longer than six weeks.

62. **The Chair** asked how the age of child asylum seekers was determined.

63. **Mr. Coster** (New Zealand) said that as most refugees arrived by air, unaccompanied minors were uncommon. Residents were free to move around the resettlement centre and were not held for extended periods. The vast majority of children arrived through the quota programme.

64. **Ms. Tolley** (New Zealand) said that the centre manager acted as the guardian of unaccompanied minors until their case was handed to the Department of Children, Young Persons and Their Families, whose Chief Executive then assumed that role. Families were kept together in the centre, which was designed to be welcoming and had recently seen extensive refurbishment.

65. **Ms. Roberts** (New Zealand) said that workers of all ages were protected under workplace health and safety legislation. Business owners were required to ensure that children under 15 did not undertake certain types of hazardous work.

66. The State party had not ratified the International Labour Organization Minimum Age Convention, 1973 (No. 138), and rather than impose a single minimum employment age, a range of restrictions on the employment of young people had been enacted. The Education Act provided that all children between the ages of 6 and 16 must attend school, and employers were prohibited from employing children under 16 during school hours or when it would hinder their attendance. While workers under 15 were generally prohibited from driving vehicles, agricultural workers aged 12 and older could drive tractors, provided that they had been fully trained.

67. **Mr. Madi** asked for clarification with regard to the minimum ages of employment and of employment in hazardous work under New Zealand legislation. In the light of the fact that domestic laws allowed for the performance of hazardous work by persons aged under 15 years, he asked how the State party aligned its labour legislation with the International Labour Organization Worst Forms of Child Labour Convention, 1999 (No. 182), to which it was party. Driving tractors was a hazardous task; the State party might wish to reconsider allowing minors aged as young as 12 years to do such work.

68. **Mr. Coster** (New Zealand) said that, in the light of the disproportionate representation of Maori in the criminal justice system and as victims of crime, a review had been carried out by New Zealand Police in 2014 looking at ways of improving cooperation with Maori community groups. One of the six core values of New Zealand Police was commitment to addressing issues affecting Maori and a comprehensive strategy had been put in place to tackle Maori victimization. Maori Responsiveness Managers had been appointed in every district to work with civil society partners. The post of Deputy Chief Executive Maori had been created and the incumbent reported to the Commissioner of Police and provided advice on how to tackle issues affecting Maori. Police practices were reviewed to identify any potential bias, in order, among other things, to ensure that persons were not brought before the courts unnecessarily. Existing police cells were not designed to house young offenders. However, there were plans to address the issue of youth detention as a part of the creation of a new children's agency.

69. **Ms. Tolley** (New Zealand) said that work had been undertaken on a bill under which the maximum age of persons covered by the youth justice system would be raised to 18 years. There were not currently any plans to lift the reservation maintained by New Zealand relating to article 37 (c) of the Convention. The few girls currently in detention were held alongside women detainees because any attempt to hold them separately might well result in situations resembling solitary confinement. They were well protected and had access to rehabilitation services. There were plans to shift the focus of the youth justice system to the prevention of offending and re-offending and to design programmes for the increasing number of young women and girls brought before the courts.

70. **Mr. Madi** asked for data on the number of girls held in detention in general. It was his understanding that boys were detained separately from men in the State party. He asked whether there had been any cases of unaccompanied minors entering New Zealand.

71. **Ms. Ayoubi Idrissi** asked whether girls detained alongside women slept in the same cells as adult detainees.

72. **Ms. Aldoseri** asked whether the Government had ever provided funding for genital-normalizing surgery performed abroad and, if so, whether that funding were drawn from the Special High Cost Treatment Pool and whether the delegation could inform the Committee of the number of such cases that had arisen.

73. She asked whether prior public consultation had been carried out relating to the closure of schools in Christchurch. Although the creation of a Ministry for Vulnerable Children demonstrated that the Government was focusing on protecting that population group, the Convention dealt with all the rights of all children. The use of the expression "vulnerable children" smacked of stigmatization and labelling. Had a list of specific categories of vulnerable children been drawn up?

74. **Ms. Roberts** (New Zealand) said that the national authorities considered that certain forms of work, such as newspaper delivery, were not harmful to children. Consequently, there was no minimum age of employment in the State party. New Zealand maintained its reservation to article 32 (2) of the Convention and had not ratified the Minimum Age Convention, 1973 (No. 138) of the International Labour Organization.

75. **Mr. Madi** said that, in its reservation to article 32 (2) of the Convention, the State party stipulated that its legislation was in line with that article. He asked what the minimum ages of employment and of employment in hazardous work were in New Zealand legislation.

76. *Ms. Winter took the Chair.*

Initial report of New Zealand on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC/C/OPSC/NZL/1, CRC/C/OPSC/NZL/Q/1/Add.1)

77. **The Chair** invited Committee members to put forward any questions they might have on the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

78. **Ms. Aldoseri** (Country Rapporteur for the Optional Protocol on the sale of children, child prostitution and child pornography) asked why the language used in the Prostitution Reform Act 2003 differed so greatly from that contained in the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, in particular with regard to the definition of child prostitution and the list of acts criminalized. The Committee encouraged States parties to reflect the Optional Protocol both in essence and in form in domestic legislation. The Act criminalized encouraging, facilitating and assisting a child to provide commercial sexual services but did not criminalize attempts to commit or complicity in any of the said acts, as stated in article 3 (2) of the Optional Protocol.

79. Disaggregated data on the number of complaints of and prosecutions for offences under the Optional Protocol, in particular trafficking in children for sexual purposes and sex tourism, would be welcome. She asked what mechanisms had been set up to coordinate the efforts of the various bodies responsible for implementing the provisions of the Optional Protocol and what awareness-raising and prevention programmes had been launched covering schools and the wider community.

80. She asked which bodies were responsible for monitoring the implementation of the Optional Protocol and offences of sexual exploitation of children and for raising awareness of the Optional Protocol.

81. She asked whether steps had been taken to develop a comprehensive plan of action for the implementation of the Optional Protocol as a whole, whether the National Plan of Action to Prevent People Trafficking covered trafficking in children and whether the Government would consider amending the Mutual Assistance in Criminal Matters Act to provide for automatic assistance relating to requests for cooperation in criminal investigations and proceedings covering all offences under the Optional Protocol and with all States parties to that instrument.

82. **Mr. Madi** (Country Rapporteur for the Optional Protocol on the sale of children, child prostitution and child pornography) said that the fact that no programme had been put in place to raise awareness of and disseminate the Optional Protocol in the State party was a matter of great concern to the Committee. He asked how professionals working for and with children could be trained on the Optional Protocol if they were unaware of its content.

83. It was important also to ensure dissemination of the United Nations World Tourism Organization (UNWTO) Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism among tour operators, travel agents and the general public. The courts in the State party had a good record with regard to the number of convictions of New Zealand nationals for offences of sexual exploitation of children committed abroad. He asked whether foreign nationals victims of such offences residing abroad had received compensation from the perpetrators and whether domestic legislation

contained provisions in that regard. The State party might wish to consider aligning the language used in the Films, Videos and Publications Classification Act and in domestic legislation on trafficking in persons with that contained in the Optional Protocol, in order to facilitate understanding of the issue of criminalization. He asked for further information on the absence of definitions of the terms "child" and "young person" in the Films, Videos and Publications Classification Act and of clear age ranges in that regard. The language used in domestic legislation on trafficking in persons should be brought into line with that employed in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, including with regard to trafficking in children carried out without recourse to coercion, abuse of power or deception.

84. He asked whether it was true that the State party did not establish extraterritorial jurisdiction over offences under the Optional Protocol committed abroad in cases where the victim was a New Zealand national and whether all offences under the Optional Protocol were deemed to be extraditable under the various extradition treaties signed by New Zealand with the other States parties to that instrument. He encouraged the national authorities to do away with the requirement of dual criminality, in order to ensure that perpetrators were brought to trial and that no situations of immunity arose.

85. He asked when a planned amendment to the Evidence Act, designed to allow child victims and witnesses to give evidence via video link, would be adopted. He asked whether any system had been put in place for the recovery, rehabilitation, provision of psychological support for and reintegration of victims of offences under the Optional Protocol.

86. **Mr. Kotrane** said that domestic legislation appeared to focus more on the trafficking in rather than on the sale of persons. He asked whether, under New Zealand criminal law, forced child labour and the illegal adoption of children through an intermediary were defined and duly punished as forms of the sale of children. He asked whether extraterritorial jurisdiction covered all offences under the Optional Protocol or merely offences under the Prostitution Reform Act and the Films, Videos and Publications Classification Act.

The meeting rose at 1 p.m.